Secretary of State Office 500 E Capitol Ave

APPLICATION FOR

Pierre, SD 57501 (605)773-4845	CERTIFICATE OF FOREIGN BUSINESS			
	Please Type or Print	Clearly in Ink		
	Please submit one Origina	I and one Photocopy		
	FILING FEE: \$10 payable	to SECRETARY OF STATE		
			Telephone #	
			FAX #	
The name of the	corporation is			
. The name of the t	corporation is			
Note: This must b	be the exact corporate name.			
. It is incorporated	under the laws of the state of			
t is not transactin	ng business in this state and it surren	dere its authority to transact b	usiness in this stat	to.
. It is not transactin	ig business in this state and it surren	ders its admonty to transact b		
. It revokes the aut	hority of its registered agent to accep	ot service on its behalf.		
	, , ,			
5. The address of its	s principal office (this is the address of	of the executive offices of the	corporation),	
Street Address		City	State	ZIP+4
Mailing Address (Opt	ional)	City	State	ZIP+4
3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,	•		
he application mus	st be signed by an authorized officer of	of the corporation.		
Dated		(Cignoture of an authorized	officer)	
		(Signature of an authorized of	omcer)	
By signing t	his form, you agree to	(Printed Name)		
have both th	ne fee and the form	(i iiiioa raiiio)		
processed e	electronically. A fee of			
processea		(Title)		

up to \$40 will be assessed for returned payments.

(Signature of an authorized officer)	
(Printed Name)	
(Title)	